

TRANSMITTAL FORM

Application Number	09/709,114
Filing Date	November 8, 2000
First Named Inventor	Bradford Even Porteus
Group Art Unit	2837
Examiner Name	Donels, Jeffrey
Attorney Docket No.	MTV-004
Patent No.	6,933,433
Issue Date	August 23, 2005

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Check Attached Copy of Fee Transmittal Form
<input type="checkbox"/> Amendment/Response
<input type="checkbox"/> Preliminary
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets <u> 1 </u>]
<input type="checkbox"/> Petition for Extension of Time
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> Copies of IDS Citations
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Sequence Listing submission
<input type="checkbox"/> Paper Copy/CD
<input type="checkbox"/> Computer Readable Copy
<input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)
<input type="checkbox"/> Replacement Drawing(s)
<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal
<input checked="" type="checkbox"/> Power of Attorney (Revocation of Prior Powers)
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application
<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> CD(s) for large table or computer program
<input type="checkbox"/> Amendment After Allowance | <input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> Certificate of Correction
<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|--|---|--|

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600
 Tel. No.: (617) 526-9600
 Fax No.: (617) 526-9899

SIGNATURE BLOCK

Respectfully submitted,

Date: March 4, 2009 /David G. Miranda, # 42,898/
 David G. Miranda
 Attorney for the Applicants
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600